

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF VIRGINIA

Case number (if known)

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Melvin

First name

M.

Middle name

Boykins

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Phenice

First name

E.

Middle name

Boykins

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-6695

xxx-xx-8711

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

- I have not used any business name or EINs.

Business name(s)

EIN

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s)

EIN

5. Where you live

**5925 Derrymore Court
Richmond, VA 23225**

Number, Street, City, State & ZIP Code

Richmond City

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No.
 Yes.

District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No
 Yes.

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Phenice Styles

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Melvin M. Boykins
Debtor 2 Phenice E. Boykins

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p>		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p>		
	16c. State the type of debts you owe that are not consumer debts or business debts <hr/>		
<hr/>			
17. Are you filing under Chapter 7?	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </p>		
<hr/>			
18. How many Creditors do you estimate that you owe?	<p><input checked="" type="checkbox"/> 1-49</p> <p><input type="checkbox"/> 50-99</p> <p><input type="checkbox"/> 100-199</p> <p><input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000</p> <p><input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000</p> <p><input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> More than 100,000</p>
<hr/>			
19. How much do you estimate your assets to be worth?	<p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>
<hr/>			
20. How much do you estimate your liabilities to be?	<p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Melvin M. Boykins

Melvin M. Boykins

Signature of Debtor 1

/s/ Phenice E. Boykins

Phenice E. Boykins

Signature of Debtor 2

Executed on November 13, 2020
 MM / DD / YYYY

Executed on November 13, 2020
 MM / DD / YYYY

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Pia J. North

Signature of Attorney for Debtor

Date

November 13, 2020

MM / DD / YYYY

Pia J. North 29672

Printed name

North Law Bar# 29672

Firm name

5913 Harbour Park Drive

Midlothian, VA 23112

Number, Street, City, State & ZIP Code

Contact phone

(804) 739-3700

Email address

Help@PiaNorth.com

29672 VA

Bar number & State

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Phenice E. Boykins	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		EASTERN DISTRICT OF VIRGINIA		
Case number (if known)				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 163,450.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 163,450.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 178,355.68
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 341,805.68

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 157,021.03
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 157,021.03
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 1,066.56
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 1,066.56
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 33,726.00
		Your total liabilities \$ 191,813.59

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 4,396.59
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 4,396.59
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 4,360.66
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 4,360.66

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 5,979.06

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>1,066.56</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>1,066.56</u>

Fill in this information to identify your case and this filing:

Debtor 1	Melvin M. Boykins		
	First Name	Middle Name	Last Name
Debtor 2	Phenice E. Boykins		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA			
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

1.1

5925 Derrymore Court

Street address, if available, or other description

Richmond **VA** **23225-0000**
City State ZIP Code

Richmond City

County

What is the property? Check all that apply

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$161,000.00	\$161,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenants by the Entireties

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Current Market Analysis \$161,000 November 2020
Current Market Analysis - \$164,950 July 2019

Tax Assessment - \$150,000

Zillow Range - \$170,000 - \$194,000

Judgment liens VACU W ONLY

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

If you own or have more than one, list here:

1.2

**South Beach Resort Myrtle Beach
 2311 South Kings Hwy**

Street address, if available, or other description

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$1,500.00

Current value of the portion you own?

\$1,500.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenants by the Entireties

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

**Unit Number G405 Unit Type 2BR
 ODD**

If you own or have more than one, list here:

1.3

**The Atrium Resort
 15 21st Street**

Street address, if available, or other description

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$950.00

Current value of the portion you own?

\$950.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenants by the Entireties

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Number 0615 Week 50

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$163,450.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1 Make: **Mercedes Benz**
Model: **E350 AWD**Year: **2011**Approximate mileage: **111,000**

Other information:

Value NADA REAFFIRM**Tag VCX8414****Payoff \$12,869.42****DMV 11/25/2015****Reaffirm w/o cross collateral****Who has an interest in the property? Check one**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**\$13,400.00****\$13,400.00**3.2 Make: **Cadillac**
Model: **XTS**Year: **2013**Approximate mileage: **74,118**

Other information:

Value: NADA \$16,775**Tag VTV7924****DMV: 4/18/2018****Who has an interest in the property? Check one**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**\$16,775.00****\$16,775.00**3.3 Make: **GMC**
Model: **Denali**Year: **2003**Approximate mileage: **128,000**

Other information:

Value: KBB \$4,509**Who has an interest in the property? Check one**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**\$4,509.00****\$4,509.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$34,684.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

Household Goods**\$3,000.00**

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

TVs, desktop, cell phone, tablet

\$1,600.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

Drum Set \$500, Bass \$300

\$800.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

Firearms - 9MM \$300, Shotgun \$200

\$500.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothes

\$2,500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**Wedding and Engagement Rings
(H) \$3,000 (based on purchase price)
(W) 9,995 Appraisal**

\$12,995.00

**Diamond pendant necklace \$350 (based on purchase price)
Diamond Ring & Gold Bracelet \$2,500 (based on purchase price)
Misc. Costume Jewelry \$600 (based on purchase price)**

\$3,450.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$24,845.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash - Approx.	\$5.00
---------------------------	---------------

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

Bank of America Checking Account ending

6583 \$168

Bank of America Joint w/ Mother (Deposits all belong to mother and not to debtor)

\$168.00

17.1. **Checking**

Wells Fargo Checking Account \$413.49

17.2. **Bank Account**

Next bi-weekly payday November 20, 2020

\$413.49

17.3. **Bank Account**

Bank of America Checking Account - \$104

Unemployment was being deposited into this account. However, she is no longer receiving unemployment

\$104.00

17.4.

Navy Federal Credit Union Checking \$487.50

**Navy Federal Credit Union Savings \$.01
 Wife uses this for real estate funds**

\$487.51

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: Institution name:

401(k)

Dominion Retirement Account

\$115,132.52

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**ALL Federal and State Tax refunds:
Including Tax year 2020 and all prior
years**

**2019 Federal Tax refund: \$3,889
2019 Comm VA Tax refund: \$1,168**

Federal & State

Unknown

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Husband New York Life \$1,324.27
Wife New York Life \$1,191.91

**Melvin & Phenice
Boykins**

\$2,516.16

**Any and all life insurance policies that
the debtor is listed as a beneficiary.**

Unknown

New York Life Term (W) On wife's life
**New York Life Term (W) Rider on minor
son's life**

**Melvin
Boykins,husband**

\$0.00

New York Life Term (H)

Phenice Boykins, wife

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No
 Yes. Describe each claim.....

NO Potential claims or lawsuits

Unknown

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

- No
 Yes. Give specific information..

Money owed to Phenice from Unemployment

Unknown

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here.....**

\$118,826.68

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Part 6: **Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: **Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: **List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2	\$163,450.00
56. Part 2: Total vehicles, line 5	\$34,684.00	
57. Part 3: Total personal and household items, line 15	\$24,845.00	
58. Part 4: Total financial assets, line 36	\$118,826.68	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$178,355.68	Copy personal property total \$178,355.68
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$341,805.68

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		EASTERN DISTRICT OF VIRGINIA	
Case number (if known)			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 1 Exemptions

5925 Derrymore Court Richmond, VA

\$161,000.00



\$25,000.00

Va. Code Ann. § 34-4

23225 Richmond City County

Current Market Analysis \$161,000

November 2020

Current Market Analysis - \$164,950

July 2019

Tax Assessment - \$150,000

Zillow Range - \$170,000 - \$194,000

Judgment liens VACU W ONLY

Line from *Schedule A/B*: 1.1 100% of fair market value, up to any applicable statutory limit

South Beach Resort Myrtle Beach

\$1,500.00



\$1,500.00

11 USC 522(b)(3)(B); William v Peyton 104 F.3d 688

2311 South Kings Hwy Myrtle Beach,

SC 29577 Horry County

Unit Number G405 Unit Type 2BR

ODD

Line from *Schedule A/B*: 1.2 100% of fair market value, up to any applicable statutory limit

The Atrium Resort 15 21st Street

\$950.00



\$950.00

11 USC 522(b)(3)(B); William v Peyton 104 F.3d 688

Virginia Beach, VA 23451 VA Beach

City County

Number 0615 Week 50

Line from *Schedule A/B*: 1.3 100% of fair market value, up to any applicable statutory limit

Debtor 1 Melvin M. Boykins
Debtor 2 Phenice E. Boykins

		Case number (if known)		
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
2003 GMC Denali 128,000 miles Value: KBB \$4,509 Line from Schedule A/B: 3.3		\$4,509.00	<input checked="" type="checkbox"/> \$4,509.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(8)
Household Goods Line from Schedule A/B: 6.1		\$3,000.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
TVs, desktop, cell phone, tablet Line from Schedule A/B: 7.1		\$1,600.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Drum Set \$500, Bass \$300 Line from Schedule A/B: 9.1		\$800.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Firearms - 9MM \$300, Shotgun \$200 Line from Schedule A/B: 10.1		\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4b)
Clothes Line from Schedule A/B: 11.1		\$2,500.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)
Wedding and Engagement Rings (H) \$3,000 (based on purchase price) (W) 9,995 Appraisal Line from Schedule A/B: 12.1		\$12,995.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a)
Diamond pendant necklace \$350 (based on purchase price) Diamond Ring & Gold Bracelet \$2,500 (based on purchase price) Misc. Costume Jewelry \$600 (based on purchase price) Line from Schedule A/B: 12.2		\$3,450.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Cash - Approx. Line from Schedule A/B: 16.1		\$5.00	<input checked="" type="checkbox"/> \$2.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Bank Account: Wells Fargo Checking Account \$413.49 Next bi-weekly payday November 20, 2020 Line from Schedule A/B: 17.2		\$413.49	<input checked="" type="checkbox"/> \$413.49 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-29

Debtor 1 Melvin M. Boykins
Debtor 2 Phenice E. Boykins

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Check only one box for each exemption.	
401(k): Dominion Retirement Account Line from Schedule A/B: 21.1	<u>\$115,132.52</u>	<input checked="" type="checkbox"/> \$115,132.52 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-34 100% of Fair Market Value not to exceed exemption limits
Federal & State: ALL Federal and State Tax refunds: Including Tax year 2020 and all prior years 2019 Federal Tax refund: \$3,889 2019 Comm VA Tax refund: \$1,168 Line from Schedule A/B: 28.1	<u>Unknown</u>	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(9) 100% of Fair Market Value not to exceed exemption limits
Husband New York Life \$1,324.27 Wife New York Life \$1,191.91 Beneficiary: Melvin & Phenice Boykins Line from Schedule A/B: 31.1	<u>\$2,516.16</u>	<input checked="" type="checkbox"/> \$1,324.27 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 38.2-3122

3. Are you claiming a homestead exemption of more than \$170,350

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Fill in this information to identify your case:

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Debtor 2

Phenice E. Boykins

(Spouse if, filing)

First Name _____ Middle Name _____ Last Name _____

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number
(if known) _____

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 2 Exemptions

5925 Derrymore Court Richmond, VA
 23225 Richmond City County
 Current Market Analysis \$161,000
 November 2020
 Current Market Analysis - \$164,950
 July 2019
 Tax Assessment - \$150,000
 Zillow Range - \$170,000 - \$194,000
 Judgment liens VACU W ONLY
 Line from *Schedule A/B*: 1.1

\$161,000.00 \$25,000.00

Va. Code Ann. § 34-4

- 100% of fair market value, up to any applicable statutory limit

South Beach Resort Myrtle Beach
 2311 South Kings Hwy Myrtle Beach,
 SC 29577 Horry County
 Unit Number G405 Unit Type 2BR
 ODD
 Line from *Schedule A/B*: 1.2

\$1,500.00 \$1,500.00

11 USC 522(b)(3)(B); William v Peyton 104 F.3d 688

- 100% of fair market value, up to any applicable statutory limit

Debtor 1 Melvin M. Boykins
Debtor 2 Phenice E. Boykins

		Case number (if known)		
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
The Atrium Resort 15 21st Street Virginia Beach, VA 23451 VA Beach City County Number 0615 Week 50 Line from Schedule A/B: 1.3		\$950.00	<input checked="" type="checkbox"/> \$950.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(b)(3)(B); William v Peyton 104 F.3d 688
Household Goods Line from Schedule A/B: 6.1		\$3,000.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
TVs, desktop, cell phone, tablet Line from Schedule A/B: 7.1		\$1,600.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Clothes Line from Schedule A/B: 11.1		\$2,500.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)
Wedding and Engagement Rings (H) \$3,000 (based on purchase price) (W) 9,995 Appraisal Line from Schedule A/B: 12.1		\$12,995.00	<input checked="" type="checkbox"/> \$9,995.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a)
Diamond pendant necklace \$350 (based on purchase price) Diamond Ring & Gold Bracelet \$2,500 (based on purchase price) Misc. Costume Jewelry \$600 (based on purchase price) Line from Schedule A/B: 12.2		\$3,450.00	<input checked="" type="checkbox"/> \$950.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Cash - Approx. Line from Schedule A/B: 16.1		\$5.00	<input checked="" type="checkbox"/> \$2.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Checking: Bank of America Checking Account ending 6583 \$168 Bank of America Joint w/ Mother (Deposits all belong to mother and not to debtor) Line from Schedule A/B: 17.1		\$168.00	<input checked="" type="checkbox"/> \$168.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Bank Account: Bank of America Checking Account - \$104 Unemployment was being deposited into this account. However, she is no longer receiving unemployment Line from Schedule A/B: 17.3		\$104.00	<input checked="" type="checkbox"/> \$104.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 60.2-600
Husband New York Life \$1,324.27 Wife New York Life \$1,191.91 Beneficiary: Melvin & Phenice Boykins Line from Schedule A/B: 31.1		\$2,516.16	<input checked="" type="checkbox"/> \$1,191.89 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 38.2-3122

Debtor 1 Debtor 2	Melvin M. Boykins Phenice E. Boykins	Case number (if known)		
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Money owed to Phenice from Unemployment Line from Schedule A/B: 35.1		Unknown	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 60.2-600

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins	First Name	Middle Name	Last Name	
Debtor 2	Phenice E. Boykins	(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:			<u>EASTERN DISTRICT OF VIRGINIA</u>		
Case number (if known)					

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Atrium Resort 580 Lynnhaven Parkway Suite 101 Virginia Beach, VA 23452	The Atrium Resort 15 21st Street Virginia Beach, VA 23451 VA Beach City County Number 0615 Week 50	\$4,531.61	\$950.00	\$3,581.61
	Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) _____		

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

Debtor 1 **Melvin M. Boykins** Case number (if known) _____
 First Name Middle Name Last Name

Debtor 2 **Phenice E. Boykins** _____
 First Name Middle Name Last Name

2.2 Equiant Financial Svcs _____ **Describe the property that secures the claim:** _____ **Unknown** **Unknown** **Unknown**
 Creditor's Name **Maintenance fees**

**4343 N Scottsdale Rd
Scottsdale, AZ 85251**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

**Opened
01/08 Last
Active**

Date debt was incurred **4/20/15**

Last 4 digits of account number **6930**

2.3 Holiday Inn Club Vacations _____ **Describe the property that secures the claim:** _____ **\$10,449.00** **Unknown** **Unknown**
 Creditor's Name **Maintenance fees and membership fees**

9271 S. John Young Pkwy Orlando, FL 32819

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Debtor 1 Melvin M. Boykins First Name _____ Middle Name _____ Last Name _____	Case number (if known) _____				
Debtor 2 Phenice E. Boykins First Name _____ Middle Name _____ Last Name _____					
2.4 Kay Jewelers Creditor's Name					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> Describe the property that secures the claim: Melvin's wedding ring Jewelry </td> <td style="padding: 5px; text-align: right;">\$2,663.00</td> <td style="padding: 5px; text-align: right;">\$3,000.00</td> <td style="padding: 5px; text-align: right;">\$0.00</td> </tr> </table>		Describe the property that secures the claim: Melvin's wedding ring Jewelry	\$2,663.00	\$3,000.00	\$0.00
Describe the property that secures the claim: Melvin's wedding ring Jewelry	\$2,663.00	\$3,000.00	\$0.00		
Post Office Box 1799 Akron, OH 44309 Number, Street, City, State & Zip Code					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Opened 2/11/20 Last Active Last 4 digits of account number					
Date debt was incurred	3002				
2.5 Orange Lake Resorts Creditor's Name					
8505 W Irlo Bronson Memorial Kissimmee, FL 34747 Number, Street, City, State & Zip Code					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Opened 07/08 Last Active Last 4 digits of account number					
Date debt was incurred	7634				
Describe the property that secures the claim: Time Shared Loan					
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					

Debtor 1	Melvin M. Boykins	First Name _____ Middle Name _____ Last Name _____	Case number (if known) _____		
Debtor 2	Phenice E. Boykins	First Name _____ Middle Name _____ Last Name _____			
2.6 Virginia Credit Union		Describe the property that secures the claim: 2013 Cadillac XTS 74,118 miles Value: NADA \$16,775 Tag VTV7924 DMV: 4/18/2018	\$17,295.00	\$16,775.00	\$520.00
Creditor's Name P.o. Box 6713 Richmond, VA 23230		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Number, Street, City, State & Zip Code		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Title _____			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred Opened 03/18 Last Active 09/20		Last 4 digits of account number 6728			
2.7 Virginia Credit Union		Describe the property that secures the claim: 2011 Mercedes Benz E350 AWD 111,000 miles Value NADA REAFFIRM Tag VCX8414 Payoff \$12,869.42 DMV 11/25/2015 Reaffirm w/o cross collateral	\$12,869.42	\$13,400.00	\$0.00
Creditor's Name P.o. Box 6713 Richmond, VA 23230		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Number, Street, City, State & Zip Code		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Title _____			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred Opened 11/04/15 Last Active 9/15/20		Last 4 digits of account number 7124			

Debtor 1	Melvin M. Boykins	Case number (if known)					
	First Name _____ Middle Name _____ Last Name _____						
Debtor 2	Phenice E. Boykins	Case number (if known)					
	First Name _____ Middle Name _____ Last Name _____						
2.8	Virginia Housing Creditor's Name	Describe the property that secures the claim:	\$109,213.00	\$161,000.00	\$0.00		
		5925 Derrymore Court Richmond, VA 23225 Richmond City County Current Market Analysis \$161,000 November 2020 Current Market Analysis - \$164,950 July 2019 Tax Assessment - \$150,000 Zillow Range - \$170,000 - \$194,000 Judgment liens VACU					
	601 S Belvidere Richmond, VA 23220 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply.					
		<input type="checkbox"/> Contingent					
		<input type="checkbox"/> Unliquidated					
		<input type="checkbox"/> Disputed					
	Who owes the debt? Check one.	Nature of lien. Check all that apply.					
<input checked="" type="checkbox"/>	Debtor 1 only	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input type="checkbox"/>	Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
<input type="checkbox"/>	Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit					
<input type="checkbox"/>	At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____					
<input type="checkbox"/>	Check if this claim relates to a community debt						
	Opened 04/05 Last Active 03/20 Date debt was incurred	Last 4 digits of account number	1935				
	Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$157,021.03					
		\$157,021.03					
Part 2: List Others to Be Notified for a Debt That You Already Listed							
Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.							
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Equiant Financial Svcs Attn: Bankruptcy 400 N Juniper Dr, Ste 100 Chandler, AZ 85226	On which line in Part 1 did you enter the creditor?	<u>2.2</u>				
		Last 4 digits of account number	_____				
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Orange Lake Resorts Attn: Bankruptcy 9271 South John Young Parkway Orlando, FL 32819	On which line in Part 1 did you enter the creditor?	<u>2.5</u>				
		Last 4 digits of account number	_____				
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Resurgent Attn: Bankruptcy Po Box 10497 Greenville, SC 29603	On which line in Part 1 did you enter the creditor?	<u>2.4</u>				
		Last 4 digits of account number	_____				

Debtor 1 **Melvin M. Boykins**

First Name Middle Name Last Name

Case number (if known) _____

Debtor 2 **Phenice E. Boykins**

First Name Middle Name Last Name

Name, Number, Street, City, State & Zip Code

Virginia Credit Union

Attn: Bankruptcy

Po Box 90010

Richmond, VA 23225

On which line in Part 1 did you enter the creditor? 2.6

Last 4 digits of account number ____

Name, Number, Street, City, State & Zip Code

Virginia Credit Union

Attn: Bankruptcy

Po Box 90010

Richmond, VA 23225

On which line in Part 1 did you enter the creditor? 2.7

Last 4 digits of account number ____

Name, Number, Street, City, State & Zip Code

Virginia Housing

Attn: Bankruptcy

601 South Belvidere Street

Richmond, VA 23220

On which line in Part 1 did you enter the creditor? 2.8

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins		
	First Name	Middle Name	Last Name
Debtor 2	Phenice E. Boykins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	Last 4 digits of account number	\$1,066.56	\$0.00
City of Richmond Priority Creditor's Name	When was the debt incurred?	2018 -2020	
Personal Property Tax Assmnt 900 E. Broad Street - Rm 102 Richmond, VA 23219 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Personal property (H) \$297.12 (W) \$287.22 (H) 2018 and 2019 \$482.22		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

4.1	ADT Nonpriority Creditor's Name P.O. Box 371490 Pittsburgh, PA 15250-7490 Number Street City State Zip Code	Last 4 digits of account number _____ Unknown
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Account balance _____	
4.2	Bank of America Nonpriority Creditor's Name Po Box 982238 EI Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 3968 _____ \$585.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? Opened 12/15 Last Active 10/20 _____
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Credit Card _____	
4.3	Bon Secours Nonpriority Creditor's Name P.O. Box 404893 Atlanta, GA 30384 Number Street City State Zip Code	Last 4 digits of account number _____ Unknown
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

4.4	Capital One Nonpriority Creditor's Name	Last 4 digits of account number 2437	\$2,367.00
Po Box 30281 Salt Lake City, UT 84130			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Other. Specify Credit Card Authorized User	
<input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
■ Other. Specify Credit Card			
4.5	Capital One Nonpriority Creditor's Name	Last 4 digits of account number 1497	\$1,222.00
Po Box 30281 Salt Lake City, UT 84130			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Other. Specify Credit Card	
<input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
■ Other. Specify Credit Card			
4.6	Cavalry Portfolio Services Nonpriority Creditor's Name	Last 4 digits of account number 1303	\$2,264.00
500 Summit Lake Drive Valhalla, NY 10595			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Other. Specify Collection Attorney Citibank	
<input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
■ Other. Specify Collection Attorney Citibank			

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

4.7	Central Credit Services, LLC Nonpriority Creditor's Name 9550 Regency Square Jacksonville, FL 32225 Number Street City State Zip Code	Last 4 digits of account number 6564	\$278.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? Opened 01/20	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Collection Attorney Laboratory Corporation Of Amer		
4.8	Comenitybank/New York & Co Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number 7267	\$2,257.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? Opened 03/15 Last Active 9/08/20	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Charge Account		
4.9	Creditors Collection Service Nonpriority Creditor's Name 4530 Old Cave Spring Road Roanoke, VA 24018 Number Street City State Zip Code	Last 4 digits of account number 1419	\$384.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? Opened 08/19 Last Active 03/19	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Collection Attorney Radiologic Assoc Of Frederic		

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

4.1 0	Eos Cca Nonpriority Creditor's Name Po Box 981008 Boston, MA 02298 Number Street City State Zip Code	Last 4 digits of account number 1040 When was the debt incurred? Opened 05/20 As of the date you file, the claim is: Check all that apply	\$678.00
<p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p>		Type of NONPRIORITY unsecured claim:	
		<p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney Verizon</p>	
4.1 1	Johnston Willis Hospital Nonpriority Creditor's Name 1401 Johnston Willis Drive Richmond, VA 23235 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply	Unknown
<p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p>		Type of NONPRIORITY unsecured claim:	
		<p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Account balance HCA</p>	
4.1 2	Macy's Nonpriority Creditor's Name Po Box 8218 Mason, OH 45040 Number Street City State Zip Code	Last 4 digits of account number 8067 When was the debt incurred? Opened 01/15 Last Active 7/04/20 As of the date you file, the claim is: Check all that apply	\$1,190.00
<p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p>		Type of NONPRIORITY unsecured claim:	
		<p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

4.1 3	<p>Medical College of VA Collect. Nonpriority Creditor's Name</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Debt</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1429</p> <p>When was the debt incurred? Opened 12/15 Last Active 01/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Debt</p>	\$403.00
4.1 4	<p>Medical College of Virginia Collection Nonpriority Creditor's Name</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Debt</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9463</p> <p>When was the debt incurred? Opened 01/19 Last Active 04/20</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Debt</p>	\$187.00
4.1 5	<p>Medical College of Virginia Collection Nonpriority Creditor's Name</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Debt</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9667</p> <p>When was the debt incurred? Opened 01/19 Last Active 01/20</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Debt</p>	\$100.00

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known)

<p>4.1 6</p> <p>Medical College of Virginia Collection</p> <hr/> <p>Nonpriority Creditor's Name</p> <hr/> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 	<p>Last 4 digits of account number 6728</p> <hr/> <p>Opened 11/18 Last Active</p> <hr/> <p>When was the debt incurred? 12/19</p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Type of NONPRIORITY unsecured claim:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt
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<p>4.1 7</p> <p>Medical College of Virginia Collection</p> <hr/> <p>Nonpriority Creditor's Name</p> <hr/> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5080</p> <hr/> <p>Opened 03/19 Last Active 04/20</p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Debt</p>
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<p>4.1 8</p> <p>Medical College of Virginia Collection</p> <hr/> <p>Nonpriority Creditor's Name</p>	<p>Last 4 digits of account number 7569</p> <hr/> <p>When was the debt incurred? Opened 05/19 Last Active 05/19</p> <hr/> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <p>As of the date you file, the claim is: Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Type of NONPRIORITY unsecured claim:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt
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Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

4.1
9

NetCredit Nonpriority Creditor's Name	Last 4 digits of account number	9829	\$7,444.00
175 W Jackson Blvd Chicago, IL 60604	When was the debt incurred?	Opened 3/11/19 Last Active 3/13/20	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Unsecured <input type="checkbox"/> Yes		

4.2
0

R Adrian Sorenson, DDS Nonpriority Creditor's Name	Last 4 digits of account number	Unknown	
14420 SOMMERSVILLE CT. Midlothian, VA 23113	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		

4.2
1

Synchrony Bank/ JC Penneys Nonpriority Creditor's Name	Last 4 digits of account number	3828	\$663.00
Po Box 965007 Orlando, FL 32896	When was the debt incurred?	Opened 10/16 Last Active 08/19	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input type="checkbox"/> Yes		

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

4.2 2	Synchrony Bank/Sams Nonpriority Creditor's Name Po Box 965005 Orlando, FL 32896 Number Street City State Zip Code	Last 4 digits of account number 3383	\$1,258.00
		Opened 12/15 Last Active 7/03/19	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input type="checkbox"/> Yes			
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Account balance	
4.2 3	The Home Depot Nonpriority Creditor's Name Post Office Box 105980 Department 51 Atlanta, GA 30353-5980 Number Street City State Zip Code	Last 4 digits of account number _____	\$8,504.00
		When was the debt incurred? _____	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Account balance <input type="checkbox"/> Yes			
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Account balance	
4.2 4	Va Womens Center Nonpriority Creditor's Name 7130 Glen Forest Drive Suite 101 Richmond, VA 23226 Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00
		When was the debt incurred? _____	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

4.2
5

Virginia Credit Union Nonpriority Creditor's Name	Last 4 digits of account number 7711	\$2,889.00
P.o. Box 6713 Richmond, VA 23230 Number Street City State Zip Code	When was the debt incurred? Opened 08/16 Last Active 6/30/20	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Unsecured		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2
6

Virginia Credit Union Nonpriority Creditor's Name	Last 4 digits of account number 5492	\$838.00
P.o. Box 6713 Richmond, VA 23230 Number Street City State Zip Code	When was the debt incurred? Opened 11/15 Last Active 01/20	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Unsecured		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2
7

YouFit Nonpriority Creditor's Name 7250 Midlothian Tpke Richmond, VA 23225 Number Street City State Zip Code	Last 4 digits of account number	Unknown
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Account balance		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Bank of America
4909 Savarese Circle
FI1-908-01-50
Tampa, FL 33634

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Cavalry Portfolio Services
500 Summit Lake
Suite 400
Valhalla, NY 10595

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Central Credit Services, LLC
Attn: Bankruptcy
9550 Regency Square Blvd, Ste 500
A
Jacksonville, FL 32225

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Chippenham & Johnston Willis
P.O. Box 13620
Richmond, VA 23225-8620

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Comenitybank/New York
Attn: Bankruptcy
Po Box 182125
Columbus, OH 43218

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Creditors Collection Service
Attn: Bankruptcy
Po Box 21504
Roanoke, VA 24018

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Department Store National
Bank/Macy's
Attn: Bankruptcy
9111 Duke Boulevard
Mason, OH 45040

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Eos Cca

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Attn: Bankruptcy
700 Longwater Dr
Norwell, MA 02061 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Joseph, Mann, & Creed
20600 Chagrin Boulevard
Suite 550
Beachwood, OH 44122

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MCV Associated Physicians
7818 E. Parham Road
Henrico, VA 23294

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MCV Hospital/VCU Health System
P.O. Box 980462
Richmond, VA 23298-0462

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Medical College of Virginia
Collection
Attn: Billing Dept/Bankruptcy
403 N 13th St #238
Richmond, VA 23298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Medical College of Virginia
Collection
Attn: Billing Dept/Bankruptcy
403 N 13th St #238
Richmond, VA 23298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Medical College of Virginia
Collection
Attn: Billing Dept/Bankruptcy
403 N 13th St #238
Richmond, VA 23298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Medical College of Virginia
Collection
Attn: Billing Dept/Bankruptcy
403 N 13th St #238
Richmond, VA 23298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Medical College of Virginia
Collection
Attn: Billing Dept/Bankruptcy
403 N 13th St #238
Richmond, VA 23298

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NetCredit
175 West Jackson Boulevard
Suite 1000

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Chicago, IL 60604

Last 4 digits of account number

Name and Address
Synchrony Bank/ JC Penneys
Attn: Bankruptcy
Po Box 965064
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Synchrony Bank/Sams
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Verizon
P.O. Box 1253
Morristown, NJ 07962

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Virginia Credit Union
Attn: Bankruptcy
Po Box 90010
Richmond, VA 23225

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Virginia Credit Union
Attn: Bankruptcy
Po Box 90010
Richmond, VA 23225

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 1,066.56
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e. Total Priority. Add lines 6a through 6d.	6e. \$ 1,066.56	
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 33,726.00
6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 33,726.00	

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins		
	First Name	Middle Name	Last Name
Debtor 2	Phenice E. Boykins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 You Fit	Gym Membership ASSUME

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins		
	First Name	Middle Name	Last Name
Debtor 2	Phenice E. Boykins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3.2

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	<u>Melvin M. Boykins</u>
Debtor 2 (Spouse, if filing)	<u>Phenice E. Boykins</u>
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF VIRGINIA</u>
Case number (if known)	_____

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Mechanic</u>	<u>Self-Employed</u>
Employer's name	<u>Dominion Service Co of Richmond</u>	<u>Hair Stylist</u>
Employer's address	<u>2630 Goodes Bridge Road Richmond, VA 23224</u>	

How long employed there? 1989 1998

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>5,071.43</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>5,071.43</u>	\$ <u>0.00</u>

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 5,071.43	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 875.10	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 150.91	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 257.34	\$ 0.00
5e. Insurance	5e. \$ 953.33	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>Life Insurance</u>	5h.+ \$ 33.50	+ \$ 0.00
Tools	\$ 43.33	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,313.51	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,757.92	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 1,038.67
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Uber / Lyft (profit)</u>	8h.+ \$ 600.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 600.00	\$ 1,038.67
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,357.92	+ \$ 1,038.67 = \$ 4,396.59
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 4,396.59	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: <u>See Schedule J</u>		
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins
Debtor 2	Phenice E. Boykins
(Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA
Case number (If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Son

7/2005

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses		
4. \$		809.00

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	150.00
4d. \$	0.00
5. \$	0.00

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>250.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>300.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>380.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>852.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>192.00</u>	
10. Personal care products and services	10. \$ <u>120.00</u>	
11. Medical and dental expenses	11. \$ <u>100.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>216.66</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>126.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>275.00</u>	
15d. Other insurance. Specify: <u>AFLAC</u>	15d. \$ <u>100.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: <u>Misc. Expenses</u>	17c. \$ <u>200.00</u>	
17d. Other. Specify: <u>Tolls</u>	17d. \$ <u>40.00</u>	
Vehicle upkeep 2003, 2011, 2013		
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>4,360.66</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>4,360.66</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>4,360.66</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>4,396.59</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,360.66</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>35.93</u>	

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: **The Debtors anticipate the following changes to income or expenses:**
Melvin just began driving again for Uber/Lyft on October 30, 2020.

Phenice just became a real estate agent with Keller Williams, but has not made any sales yet. She was receiving unemployment which ended. Wife re-applied for unemployment benefits on November 8, 2020 and is awaiting approval.

11 U.S. Code §101.Definitions

(10A)The term "current monthly income"

EXCLUDES

(V)Payments made under Federal law relating to the

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins		
	First Name	Middle Name	Last Name
Debtor 2	Phenice E. Boykins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)			

Check if this is an amended filing

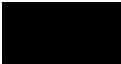
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ **Melvin M. Boykins**

Melvin M. Boykins
Signature of Debtor 1

Date November 13, 2020

X /s/ **Phenice E. Boykins**

Phenice E. Boykins
Signature of Debtor 2

Date November 13, 2020

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins		
	First Name	Middle Name	Last Name
Debtor 2	Phenice E. Boykins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$49,408.62	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	Unknown

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2019)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$62,120.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	Unknown
For the calendar year before that: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$50,638.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	Unknown

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	Unemployment April -October 2020 (approx)	Unknown

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Realtor Association 918 Chamberlayne Avenue Richmond, VA 23220	October 2020 - Realtor Fees & Cost	\$1,917.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Realtor fees & costs</u>

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Mcv Physicians vs MELVIN BOYKINS 763GV1803834900	CIVIL JUDGMENT	RICHMOND CITY DISTRICT COURT	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded - 209.00

R Adrian Sorenson Dds vs MELVIN BOYKINS 41GV1801159600	CIVIL JUDGMENT	CHESTERFIELD DISTRICT COURT	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded - 87.00
Hca Health Services Of Virginia vs MELVIN BOYKINS 763GV1503586100	CIVIL JUDGMENT	RICHMOND CITY DISTRICT COURT	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded - 3,475.00

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Case title Case number	Nature of the case	Court or agency	Status of the case
Unknown Plaintiff vs PHENICE BOYKINS 763GV1903773600	CIVIL JUDGMENT	13TH JUD DIST - GENERAL DISTRICT COURT -	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			- 838.00
Unknown Plaintiff vs PHENICE BOYKINS 763GV1903656700	CIVIL JUDGMENT	13TH JUD DIST - GENERAL DISTRICT COURT -	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			- 3,067.00

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Christian Fellowship Ministry	Tithes	Approximate annual	\$1,000.00

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
North Law Bar# 29672 5913 Harbour Park Drive Midlothian, VA 23112 www.pianorth.com	TOTAL Received: \$ 2,100 Fees: \$449 (includes USB filing fee, credit report, credit counseling, due diligence reports, and debtor education). Attorney fee = \$ 1,651	October 2020	\$2,100.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you None	There have been NO transfers of property in the last three years.		

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (*if known*)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (*if known*)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Phenice Styles	Hair Stylist	Dates business existed EIN: From-To 1998- present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (*if known*) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Melvin M. Boykins**

Melvin M. Boykins
Signature of Debtor 1

/s/ **Phenice E. Boykins**

Phenice E. Boykins
Signature of Debtor 2

Date November 13, 2020

Date November 13, 2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins		
	First Name	Middle Name	Last Name
Debtor 2	Phenice E. Boykins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's **Atrium Resort**

name:

- Surrender the property.

No

- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

Yes

Description of property securing debt: **The Atrium Resort 15 21st Street Virginia Beach, VA 23451**
VA Beach City County Number 0615 Week 50

Creditor's **Equiant Financial Svcs**

name:

- Surrender the property.

No

- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

Yes

Description of property securing debt: **Maintenance fees**

Creditor's **Holiday Inn Club Vacations**

name:

- Surrender the property.

No

- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

Yes

Description of property securing debt: **Maintenance fees and membership fees**

Debtor 1 **Melvin M. Boykins**
 Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

securing debt:

Retain the property and [explain]:

Creditor's **Kay Jewelers**

name:

Description of **Melvin's wedding ring Jewelry**
 property

securing debt:

- Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a
Reaffirmation Agreement.
 Retain the property and [explain]:
Retain and keep current

No

Yes

Creditor's **Orange Lake Resorts**

name:

Description of **Time Shared Loan**
 property

securing debt:

- Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a
Reaffirmation Agreement.
 Retain the property and [explain]:

No

Yes

Creditor's **Virginia Credit Union**

name:

Description of **2013 Cadillac XTS 74,118 miles**
 property
Value: NADA \$16,775
Tag VTV7924
DMV: 4/18/2018

securing debt:

- Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a
Reaffirmation Agreement.
 Retain the property and [explain]:
Reaffirm w/o cross collateral

No

Yes

Creditor's **Virginia Credit Union**

name:

Description of **2011 Mercedes Benz E350 AWD**
 property
111,000 miles
Value NADA REAFFIRM
Tag VCX8414
Payoff \$12,869.42
DMV 11/25/2015
Reaffirm w/o cross collateral

securing debt:

- Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a
Reaffirmation Agreement.
 Retain the property and [explain]:

No

Yes

Reaffirm w/o cross collateral

Creditor's **Virginia Housing**

name:

Description of **5925 Derrymore Court**
 property
Richmond, VA 23225 Richmond
City County
Current Market Analysis
\$161,000 November 2020
Current Market Analysis -
\$164,950 July 2019
Tax Assessment - \$150,000
Zillow Range - \$170,000 -
\$194,000
Judgment liens VACU

securing debt:

- Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a
Reaffirmation Agreement.
 Retain the property and [explain]:

No

Yes

Retain & keep current

Debtor 1 Melvin M. Boykins
Debtor 2 Phenice E. Boykins

Case number (*if known*)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Melvin M. Boykins

Melvin M. Boykins

Signature of Debtor 1

X /s/ Phenice E. Boykins

Phenice E. Boykins

Signature of Debtor 2

Date

November 13, 2020

Date **November 13, 2022**

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 3

United States Bankruptcy Court**Eastern District of Virginia**

In re

**Melvin M. Boykins
Phenice E. Boykins**

Case No.

Debtor(s)

Chapter

7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 1,651.00
Prior to the filing of this statement I have received	\$ 1,651.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (*specify*)

3. The source of compensation to be paid to me is:

Debtor Other (*specify*)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Other provisions as needed:

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522 for avoidance of liens.

Representation for above-referenced fees are subject to firm's effective hourly rates or a percentage of recovery if additional legal services are required such as attendance of continued hearings, additional notices to creditors, negotiations, settlements, filing Motions or Adversarial Proceedings and additional legal research.

Representation of the debtors in any motions, dischargeability actions, judicial lien avoidances, redemption, reaffirmation, relief from stay actions, adversary proceedings, actions for sanctions and civil contempt due to creditor misconduct, actions to avoid Judicial liens, Adversary Proceedings, negotiations or actions to avoid Preferential Transfers, actions in any appeals court including the Virginia Court of Appeals, the Supreme Court of Virginia and the United States Supreme Court.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 13, 2020

Date

/s/ Pia J. North

Pia J. North 29672

Signature of Attorney

North Law Bar# 29672

Name of Law Firm

5913 Harbour Park Drive

Midlothian, VA 23112

(804) 739-3700 Fax: (804) 739-2550

Fill in this information to identify your case:

Debtor 1	Melvin M. Boykins
Debtor 2	Phenice E. Boykins
(Spouse, if filing)	
United States Bankruptcy Court for the:	Eastern District of Virginia
Case number (if known)	

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 5,071.43	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 67.70	\$ 2,096.94
Ordinary and necessary operating expenses	-\$ 23.83	-\$ 1,233.17
Net monthly income from a business, profession, or farm	\$ 43.86	\$ 863.77

6. Net income from rental and other real property

	Debtor 1
Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00

7. Interest, dividends, and royalties

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

**Column A
Debtor 1**

**Column B
Debtor 2 or
non-filing spouse**

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you	\$ <u>2,611.00</u>
For your spouse	\$ <u>0.00</u>

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ <u>0.00</u>	\$ <u>0.00</u>
----------------	----------------

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

Total amounts from separate pages, if any.

+ \$ <u>0.00</u>	\$ <u>0.00</u>
------------------	----------------

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <u>5,115.29</u>	+ \$ <u>863.77</u>	= \$ <u>5,979.06</u>
--------------------	--------------------	----------------------

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** \$ 5,979.06

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form
12b. \$ 71,748.72

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

VA

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ 97,056.00

14. How do the lines compare?

- 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2.
- 14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Melvin M. Boykins

X /s/ Phenice E. Boykins

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

Debtor 1
Debtor 2

Melvin M. Boykins
Phenice E. Boykins

Case number (*if known*) _____

Melvin M. Boykins
Signature of Debtor 1

Phenice E. Boykins
Signature of Debtor 2

Date **November 13, 2020**
MM / DD / YYYY

Date **November 13, 2020**
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 Melvin M. Boykins
Debtor 2 Phenice E. Boykins

Case number (if known) _____

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 05/01/2020 to 10/31/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Dominion Service Co of Richmond**

Year-to-Date Income:

Starting Year-to-Date Income: \$18,926.88 from check dated 4/30/2020.

Ending Year-to-Date Income: \$49,355.44 from check dated 10/31/2020.

Income for six-month period (Ending-Starting): \$30,428.56.

Average Monthly Income: \$5,071.43.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Uber/Lyft**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<u>05/2020</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
5 Months Ago:	<u>06/2020</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
4 Months Ago:	<u>07/2020</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
3 Months Ago:	<u>08/2020</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
2 Months Ago:	<u>09/2020</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Last Month:	<u>10/2020</u>	<u>\$406.17</u>	<u>\$143.00</u>	<u>\$263.17</u>
Average per month:		<u>\$67.70</u>	<u>\$23.83</u>	
Average Monthly NET Income:				<u>\$43.86</u>

Line 8 ssa - Unemployment compensation (Non-CMI)

Source of Income: **Unemployment compensation - COVID**

Income by Month:

6 Months Ago:	<u>05/2020</u>	<u>\$316.00</u>
5 Months Ago:	<u>06/2020</u>	<u>\$7,896.00</u>
4 Months Ago:	<u>07/2020</u>	<u>\$4,390.00</u>
3 Months Ago:	<u>08/2020</u>	<u>\$632.00</u>
2 Months Ago:	<u>09/2020</u>	<u>\$632.00</u>
Last Month:	<u>10/2020</u>	<u>\$1,800.00</u>
Average per month:		<u>\$2,611.00</u>

Debtor 1 **Melvin M. Boykins**
Debtor 2 **Phenice E. Boykins**

Case number (if known) _____

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **05/01/2020 to 10/31/2020**.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Hair Stylist**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	05/2020	\$2,230.68	\$278.55	\$1,952.13
5 Months Ago:	06/2020	\$832.63	\$1,565.64	\$-733.01
4 Months Ago:	07/2020	\$1,130.83	\$1,214.81	\$-83.98
3 Months Ago:	08/2020	\$2,938.42	\$1,341.15	\$1,597.27
2 Months Ago:	09/2020	\$3,378.21	\$1,791.14	\$1,587.07
Last Month:	10/2020	\$2,070.84	\$1,207.72	\$863.12
Average per month:		\$2,096.94	\$1,233.17	
Average Monthly NET Income:				\$863.77

Case 20-34626-KRH Doc 1 Filed 11/19/20 Entered 11/19/20 16:09:45 Desc Main
TransUnion Bank of America Document Page 69 of 70 Comenitybank/New York
P.O. Box 2000 4909 Savarese Circle Attn: Bankruptcy
Chester, PA 19022 FI1-908-01-50 Po Box 182125
Tampa, FL 33634 Columbus, OH 43218

Certegy Check Services, Inc.
11601 Roosevelt Blvd.
Saint Petersburg, FL 33716

Bon Secours
P.O. Box 404893
Atlanta, GA 30384

Comenitybank/New York & Co
Po Box 182789
Columbus, OH 43218

ChexSystems
Attn: Consumer Relations
7805 Hudson Rd., Suite 100
Saint Paul, MN 55125

Capital One
Po Box 30281
Salt Lake City, UT 84130

Creditors Collection Service
4530 Old Cave Spring Road
Roanoke, VA 24018

Experian
Dispute Department
P.O. Box 4500
Allen, TX 75013

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Creditors Collection Service
Attn: Bankruptcy
Po Box 21504
Roanoke, VA 24018

Equifax Information Services
PO Box 740241
Atlanta, GA 30374

Cavalry Portfolio Services
500 Summit Lake Drive
Valhalla, NY 10595

Department Store National Bank/Ma
Attn: Bankruptcy
9111 Duke Boulevard
Mason, OH 45040

TransUnion Consumer Relations
2 Baldwin Place
PO Box 1000
Chester, PA 19022

Cavalry Portfolio Services
500 Summit Lake
Suite 400
Valhalla, NY 10595

Eos Cca
Po Box 981008
Boston, MA 02298

Weimark Credit Information
PO Box 994
Brick, NJ 08723

Central Credit Services, LLC
9550 Regency Square
Jacksonville, FL 32225

Eos Cca
Attn: Bankruptcy
700 Longwater Dr
Norwell, MA 02061

ADT
P.O. Box 371490
Pittsburgh, PA 15250-7490

Central Credit Services, LLC
Attn: Bankruptcy
9550 Regency Square Blvd, Ste 500 A
Jacksonville, FL 32225

Equiant Financial Svcs
4343 N Scottsdale Rd
Scottsdale, AZ 85251

Atrium Resort
580 Lynnhaven Parkway
Suite 101
Virginia Beach, VA 23452

Chippenham & Johnston Willis
P.O. Box 13620
Richmond, VA 23225-8620

Equiant Financial Svcs
Attn: Bankruptcy
400 N Juniper Dr, Ste 100
Chandler, AZ 85226

Bank of America
Po Box 982238
El Paso, TX 79998

City of Richmond
Personal Property Tax Assmnt
900 E. Broad Street - Rm 102
Richmond, VA 23219

Holiday Inn Club Vacations
9271 S. John Young Pkwy
Orlando, FL 32819

Case 20-34626-KRH Doc 1 Filed 11/19/20 Entered 11/19/20 16:09:45 Desc Main
Johnston Willis Hospital
1401 Johnston Willis Drive
Richmond, VA 23235
NetCredit
175 West Jackson Boulevard
Suite 1000
Chicago, IL 60604
Va Wommens Center
7130 Glen Forest Drive
Suite 101
Richmond, VA 23226
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Joseph, Mann, & Creed
20600 Chagrin Boulevard
Suite 550
Beachwood, OH 44122

Orange Lake Resorts
8505 W Irlo Bronson Memorial
Kissimmee, FL 34747

Verizon
P.O. Box 1253
Morristown, NJ 07962

Kay Jewelers
Post Office Box 1799
Akron, OH 44309

Orange Lake Resorts
Attn: Bankruptcy
9271 South John Young Parkway
Orlando, FL 32819

Virginia Credit Union
P.o. Box 6713
Richmond, VA 23230

Macy's
Po Box 8218
Mason, OH 45040

Resurgent
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603

Virginia Credit Union
Attn: Bankruptcy
Po Box 90010
Richmond, VA 23225

MCV Associated Physicians
7818 E. Parham Road
Henrico, VA 23294

R Adrian Sorenson, DDS
14420 SOMMERVILLE CT.
Midlothian, VA 23113

Virginia Housing
601 S Belvidere
Richmond, VA 23220

MCV Hospital/VCU Health System
P.O. Box 980462
Richmond, VA 23298-0462

Synchrony Bank/ JC Penneys
Po Box 965007
Orlando, FL 32896

Virginia Housing
Attn: Bankruptcy
601 South Belvidere Street
Richmond, VA 23220

Medical College of VA Collect.

Synchrony Bank/ JC Penneys
Attn: Bankruptcy
Po Box 965064
Orlando, FL 32896

YouFit
7250 Midlothian Tpke
Richmond, VA 23225

Medical College of Virginia Collection

Synchrony Bank/Sams
Po Box 965005
Orlando, FL 32896

Medical College of Virginia Collection
Attn: Billing Dept/Bankruptcy
403 N 13th St #238
Richmond, VA 23298

Synchrony Bank/Sams
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

NetCredit
175 W Jackson Blvd
Chicago, IL 60604

The Home Depot
Post Office Box 105980
Department 51
Atlanta, GA 30353-5980